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Residential ethnography, mixed loyalties, and religious power: ethical dilemmas in faith-based addiction treatment

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Abstract

The paper provides a platform for geographical reflection on the hidden struggles ethnographers face working in the area of religion, addiction and drug treatment. Specifically, it examines the complex ethical and practical dilemmas involved in residential ethnography inside a faith-based therapeutic community working in the area of addiction and rehabilitation. Residential ethnography provided valuable insights into social life in therapeutic community, and more broadly, offers an ethical and participatory approach to research in closed institutional settings. Residential immersion in faith-based therapeutic environments however raised significant challenges around identity management; access and consent; and the dilemma of 'mixed loyalties' – a term that describes a set of ethical practices characterised by ethical conflict, compromise and negotiation in which the researcher, by nature of their participation, is expected to conform to certain values, practices, and procedures that may contradict their own personal ethics. To ground discussion on the variegated and contested nature of mixed loyalties, this paper examines the exercise of religious power and the ways ethnographers become enrolled in, and must negotiate, a series of power-dynamics that are unclear, uncomfortable, and potentially exclusionary. By illustrating the difficult decisions ethnographers must make when negotiating pressures to uphold – or challenge – religious beliefs and practices in faith-based addiction treatment settings, this paper calls for greater critical reflection on the ways geographers are implicated in the field and the practical ethics of engagement used to navigate ethical tensions.

Keywords

Residential ethnography; religious power; ethical dilemmas; positionality; addiction

Introduction

Over recent years, an extensive body of work has developed to address the geographies of alcohol and drugs, addiction, treatment and recovery (Wilton & DeVerteuil, 2006; DeVerteuil & Wilton, 2009; Wilton & Moreno, 2012; Thomas, Richardson, & Cheung, 2008; Moore, 2004; Duff, 2010; Jayne, Holloway, & Valentine, 2008; Evans, 2012; Evans, Semogas, Smallwood, & Lohfeld, 2015; A. Williams, 2016). Within this, particular attention has been given to examine the ways individuals negotiate and experience different addiction treatment settings, and how specific political, racialized, gendered discourses are intimately bound up in 'recovery' (Love, Wilton, & DeVerteuil, 2012; Wilton, DeVerteuil, & Evans, 2013; Evans, 2012). While this literature is still emerging, there is a need to reflect more explicitly on the ethical, practical, and methodological dilemmas researchers face working with people recovering from alcohol and drug addiction in a variety of treatment settings.

This paper seeks to address this gap by offering a critical examination of the ethically complex negotiations ethnographers face working close-range in faith-based residential rehabilitation settings. Faith-based organisations (FBOs) are a significant feature of the broader 'recovery' landscape particularly in the area of residential rehabilitation in the UK and elsewhere (see, for example, the work of Hansen, 2012; Sanchez & Nappo, 2008; O'Neill, 2014; Neff, Shorkey, & Windsor, 2006; Garmany, 2010; Brandes, 2002). Despite this, there has been relatively little sustained attention given to the ethics of engagement working inside faith-based drug and alcohol services, and FBOs more generally.

Through a case-study of an evangelical and Pentecostal Christian therapeutic community (hereafter called 'Hebron') working in the area of addiction and rehabilitation, this paper seeks to make three broad contributions. First, it explores the distinct challenges of residential ethnography, a method and ethical stance that entails living and working inside a social setting. Residential approaches to research are far from novel and hold clear synergies with other strands of the ethnographic tradition; including, overt/covert institutional and semi-institutional participant observation (Goffman, 1968; Parr, 2000);

academic-activist immersion (Fuller, 1999); and 'practitioner' or 'workplace' based research (Bell & Nutt, 2002; Costley, Elliot, & Gibbs, 2010; Coy, 2006; Shaw & Lunt, 2011) whereby researchers negotiate the conflicting responsibilities working as a health, education or social care professional while conducting research in that setting. Residential ethnographies can offer a more participatory way of conducting research with people recovering from drug and alcohol addiction and potentially overcome a number of spatiotemporal barriers ethnographers commonly face in welfare organisations (DeVerteuil, 2004). However, this paper also highlights the ethical, methodological, and practical challenges involved in residential ethnography, especially in faith-based welfare settings where these issues take additional significance.

Second, the paper seeks to stimulate critical reflection on positionality and reflexivity in addiction research (following recent calls made by Jayne, Holloway, & Valentine (2008) and Lawhon, Herrick, & Daya (2014)). Geographers working in the field of drug and alcohol treatment are likely to negotiate a range of personal, professional, and academic knowledges on how 'addiction' is conceptualised and enrolled in changing regulatory landscapes and treatment modalities (Berridge, 1979; Levine, 1978; Seddon, 2010; Valverde, 1998). This paper provides a platform for geographical contributions on addiction treatment to examine more closely the ways in which specific moral, ideological, and political commitments and assumptions come to shape an ethics of engagement 'on the ground'. Following Hopkins (2007) and others (Guillemin & Gillam, 2004), I suggest the need to be more reflexive of the practical ways in which moral standpoints and positionalities are negotiated and performed in the field, especially in scenarios in which researchers are positioned in a series of ethical entanglements that are often unclear, messy, and unpredictable. My aim is to bring to light the often undisclosed struggles ethnographers face working close-range inside faith-based rehabilitation environments.

Lastly, this paper specifically brings into focus the ethical dilemmas surrounding 'religious power' in research settings. Ethnographers working close-range in religious settings can often feel 'put on the

spot' to uphold – or challenge – religious languages, beliefs, and practices of a group, or remain silent when observing conversations or practices one considers distasteful (see Chong, 2008; Han, 2010). These dilemmas take on added significance when the researcher, by nature of their religious identity, is assumed to be an 'insider' by some participants and is expected to perform set roles accordingly; for instance, by complying with the religious goals and practices of an institution. In this paper, the term mixed loyalties is used to describe a specific set of ethical practices that arise whereby the researcher, by nature of their participation, is required to conform to certain values, practices, and procedures that may contradict their own personal ethics. Through the illustration of Hebron, I present a series of vignettes that foreground the difficult and on-the-spot decisions ethnographers must make when navigating the complex ethical terrain of faith-based residential ethnography. Acknowledging the gap between textbook guidelines and ethics review boards, and the actual ethical practices in the field, this paper seeks to sharpen thinking on the ways ethnographers negotiate situations of ethical conflict and compromise researching religion and addiction in institutional contexts, and in doing so, open up a reflexive space to consider the ethics of research in these settings. This paper is structured as follows. *Ethics and ethnography in addiction treatment settings* first situates the paper within the wider ethnographic literature on drug and alcohol treatment and institutional care settings, before introducing the case study. *Residential ethnography* unpacks the opportunities and challenges of residential ethnography, and suggests ways in which it might offer a more participatory ethic of working with residents in faith-based drug treatment services. *Negotiating religious power* grounds discussion of the mixed loyalties surrounding religious power in Hebron and specifically reflects on the difficult negotiations I had to make as a person of faith in navigating the complex ethical and moral terrain of residential ethnography.

Ethics and ethnography in addiction treatment settings

Within geography and beyond, growing attention has been given to the ethical, methodological and practical challenges of ethnographic engagement in a range of institutional (on prisons, Drake, Earle,

& Sloan, 2015; Moran, 2015; orphanages, see Disney, 2015; immigration bureaucracies and asylum detention centres, Gill, 2016) and semi-institutional settings (on mental health day centres, Parr, 2000; schools, Von Benzon, this volume; emergency and supported accommodation for homeless people and other vulnerable groups, Cloke, Cooke, Cursons, Milbourne, & Widdowfield, 2000; Cloke, May, & Johnsen, 2010; Doyle, 1999; DeVerteuil, 2004; Evans, 2012). Many of these studies highlight the ethical dilemmas researchers face adopting and negotiating different roles in the field and the distinct power dynamics these produce in relation to different groups of participants. Several scholars have discussed these dilemmas in reference to conducting participatory and ethnographic research in residential care settings, including, nursing homes for older people (Tinney, 2008; Baumbusch, 2011) and alcohol and drug rehabilitation centres (see, for example, Skoll, 1992; Chenhall, 2008; Mjåland, 2015; also see Carlson et al 2009).ⁱ This paper seeks to contribute to this literature and the wider geographic scholarship on spaces of drug and alcohol rehabilitation (DeVerteuil & Wilton 2009; Wilton, DeVerteuil, & Evans, 2013; Evans, 2012; Love, Wilton, & DeVerteuil, 2012) by reflecting on a series of practical, ethical, and methodological issues involved in residential ethnographic research in a unique type of addiction treatment setting: an abstinence-based Christian therapeutic community.

Empirical material in this paper derives from research into faith-based welfare and drug services in the UK (see Williams, 2012). By limiting discussion to Hebron, focus is given to a particular subset of faith-based residential rehabilitation providers that are characterised by a structured and overt evangelical *modus operandi*; and therefore do not represent the sector as a whole. Nevertheless, Hebron's network of therapeutic communities form a significant element of faith-based residential rehabilitation in the UK; offering no fewer than 340 bed places across seven cities in the UK and Republic of Ireland. Hebron is distinct in offering an abstinence-based Christian discipleship programme for men and operates independently from government funding and statutory/court referrals. The programme is optional and recommended for twelve to eighteen months during which time residents are expected to participate in daily bible study and worship as well as cleaning the house, sharing cooking rotas, and working on one of Hebron's social enterprises (gardening,

renovating and selling household furniture). Prospective residents are briefed prior to arrival that they would undergo a 'cold-turkey' detoxification without any form of painkillers or substitute opiates like methadoneⁱⁱ – and informed about the privations that characterised community life (no 'secular' literature, music, radio, or TV; no smoking; abstaining from sexual relations; and once-a-month family visits). For a period of two months, I conducted a residential ethnography in one of the Hebron centres, living on-site alongside 18 residents, 4 of whom had been in the community less than 4 months. The majority of residents had stayed 10 months or more, and the pastor / leader of the community lived onsite with his young family had also undergone the Hebron programme himselfⁱⁱⁱ. From the outset there are ethical questions as to whether a researcher should take up bedspace in a residential rehabilitation service when currently the provision of such treatment facilities in the UK is woefully inadequate. It is important to note therefore that the residential placement took place when the group was not at full capacity and was based on an agreement that I would vacate if and when they needed the bed. During the placement I adopted the role of a guest resident / volunteer: sharing a dormitory with nine other men and participating fully in the daily structured activities, including, Bible study, prayer and worship; distributing flyers for the community business and working on the gardening and furniture renovation teams. More details about the Hebron community, including its semi-monastic culture and complex therapeutic and regulatory spaces, can be found elsewhere (see A. Williams, 2016).

Residential ethnography

Residential ethnography refers to a method of ethnography characterised by a long or short term residential dimension, living and working in an organisation or social setting, and adopting an overt and/or covert ethnographic stance in a group. While the merits of residential ethnographies in marginalised communities have long been established (for a recent example, see Goffman's 2015 study of a criminalised Black neighbourhood in Philadelphia); residential ethnographic research in

institutional settings can overcome numerous spatiotemporal barriers that limit researcher access, such as closing times, off-limit zones, curfews (as illustrated in DeVerteuil's (2004) reflections working in a homeless women's night shelter). As a method of ethnography, residential placements enable a more dynamic picture of the variegated spaces and temporalities that make up organisational welfare spaces. For instance, residential presence in Hebron provided insight into the ways different spaces facilitated and/or constrained particular interactions and types of conversation among residents ('recovery talk', 'spiritual talk', 'subversive chat' and 'downtime'). Chatting in the dorms with residents or delivering flyers advertising Hebron's social enterprise meant levels of supervision from leaders and other residents varied considerably, which in turn resulted in greater opportunities for residents to speak 'freely' (although it is important to acknowledge conversations were always tied to shifting social dynamics between residents, alongside their perception of myself as an 'outside researcher'). This allowed me to be privy to often fleeting comments made by residents and staff as well as access to the daily rhythms and unwritten rules of an organisation, including observation of the 'darker side' of organisations that might remain hidden from shorter-term or transitory research engagements. Residential ethnography in this way is uniquely placed to 'analyse hidden agendas, "taken for granted" assumptions... working towards disrupting the status quo by bringing into light systems of power and control (Baumbusch, 2011, p. 185). In so doing, it raises complex power dynamics for researchers observing practices and relationships spokespeople of organisations might either be unaware of or want to conceal (see, for example, the dilemma of whistleblowing in Greener's 2015 covert ethnography in residential care settings for older people).

Residential ethnography can be understood also as an ethical stance that seeks to create participatory routes for individuals to 'speak out' and 'speak back' to the researcher. Following Parr's (2003) call for research to include the perspective of those who are 'cared for' not just those that do the 'caring', residential ethnography in treatment settings represents an approach that seeks to access the experiences of those recovering from alcohol and drug problems, who often find their voices silenced, unheard and frequently distorted in popular accounts, including the publicity campaigns of charitable

organisations working in addiction treatment. Residential ethnography was particularly suited to revealing the different ways individuals gave meaning to and experienced drug and alcohol treatment organisations, especially in closed structured programmes which can have few avenues for service-users to communicate criticism. Living onsite not only allowed greater opportunity for trust and rapport to develop with participants, but also the ability to move between various 'private' and 'public' spaces in the community to facilitate confidential conversations where residents could speak without fear of reprisal. Residential ethnography also created space for participants to discuss and challenge researchers' interpretations in the field and to reflect on their own immersion in the social setting. Practically, this entailed sharing preliminary interpretations in a way that allowed participants to reflect, correct and challenge, while, at the same time, being sensitive to the malleable power-dynamics and unwritten codes this might reveal.

Residential ethnography can therefore allow a degree of experimentation in the field as researchers immersed in the physical and emotional activities of an organisation develop strategies to encourage participants to reflect on the moral codes, atmospheres, and structures that make up organisations. Living and working inside faith-based drug services, especially those which mandate participation in religious practices as part of their programme, allowed me to gather a more dynamic and embodied understanding of the different ways individuals came to narrate, negotiate, perform, experience and contest religious space, identity, and belief. Over time, residents offered to show letters and diaries they had kept since arriving at Hebron. Discussing these materials together gave access to the different ways individuals ascribed meaning to, and experienced, the day-to-day routine in Hebron and how these changed over time. The two-month placement in Hebron, albeit a relatively short period of time, allowed a degree of friendship to develop with residents through the comradeship on the work teams, by teaching new songs on the guitar, and engaging in private conversations with residents about their faith, as requested. In a small way, this gave me opportunities to meaningfully give 'something back' beyond some vague allusion to bettering academic and policymakers' understanding of faith-based residential rehabilitation.

Such an approach to residential ethnography afforded a more participatory ethic to research with a particular vulnerable population; but it raised a number of practical, ethical and emotional challenges to which we now turn.

Negotiating access

The Hebron community in which I stayed operated on a shoestring budget and was largely reliant on public donations and income from its social enterprise. Unsurprisingly the leaders were initially wary of the damaging representations an outsider might paint of the community and commented that a faith-based charity had recently lost government funding in claims that it used public money to 'proselytise' (see also Davies 2004). Guarantees of confidentiality - with regard to the use of pseudonyms to protect the identity of the organisation, its location and names of all participants - played a part in gaining consent from organisational gatekeepers, but more important was the deployment of my own Christian positionality in negotiating access to Hebron and other 'closed' evangelical Christian groups in my research. Even so, on arrival in Hebron I had to earn the right to speak by passing through a series of legitimacy and belief tests as staff and residents determined the motives underpinning my research and how the research was going to be used. While the trust gained from performing a degree of cultural competence (Mohammad, 2001) helped reassure those hesitant to open their doors to the possible 'misinterpretations' of social scientists; this in turn raised questions about the politics of disclosure and the practical ways a religious 'insider/outsider' communicates more critical findings about an organisation without it constituting a betrayal of trust. To navigate this, the research project was framed around 'the role faith plays in faith-based drug services', emphasising this was not about a positive validation of faith-based activity in welfare, but a search to develop more grounded understandings of the day-to-day theologies and ethics of care performed and experienced by staff, volunteers and service-users in faith-based drug and alcohol treatment. Using the lexicon of 'good practice' and 'service-user experience', I tried to distance myself from Hebron leadership and

emphasise to each participant that my interest was in their own experience and personal account of Hebron, whether positive or negative.

However, it soon became apparent that negotiating access in Hebron was not a 'one-time hurdle'; but a dynamic process that was negotiated each day and in relationship to different groups of participants (Crowhurst, 2013). Accessing prospective interviewees and gaining 'informed consent' was more complicated as a guest in a closed institutional settings and I relied on gatekeepers for their continued goodwill and cooperation. As a result, I largely felt compelled to work within the discursive norms and codes of Hebron's organisational culture given that withdrawal of leaders' backing for any reason might signify a premature end to the research.

Problematising consent

The second challenge I faced working in Hebron was the hierarchical nature of organisational decision-making. After arriving, interview access to 'new' residents was restricted by staff, reneging on a prior agreement. Instead I was only permitted to 'formally' interview those who had been at Hebron for over two years and supposedly would give a 'good account of the centre'. The two leaders, Matt and Liam, did not want the interviews to disrupt residents' work schedules, and cautioned that any participation in research might have 'negative influences on the guys who had only been [t]here a few weeks or 2 months' (interview with Liam, 25/04/10). Given that I was sharing a dormitory and spending the work day with new residents this interview restriction was not an impediment to accessing individual stories and experiences of Hebron. However, this situation raised serious questions about the ethics of covertly documenting informal conversations in an organisation that has retracted the freedom to interview some participants under the presumption this might be detrimental to their engagement with the treatment programme. It also highlights the problematic of "coerced consent" whereby an organisational gatekeeper can grant (or withhold) permission to speak to 'service-users' who subsequently might feel obliged to offer a positive portrayal of the organisation

(or keep silent). More subtle forms of coerced consent often go unacknowledged in welfare settings linked to the distribution of goods (see, for example, a needle-exchange, foodbank or night-shelter; see Bourgois, 1998; Moore, 2004; Garthwaite, 2016). In these cases, prospective research participants might feel obliged to respond positively to the request for interview to ensure receipt of those goods and/or rehearse narratives of gratitude. The research encounter is shaped by broader power-dynamics that risk reproducing a subject-position of disempowerment and disenfranchisement. The politics of fieldwork can therefore work to exacerbate, rather than ameliorate, stigma of vulnerable groups in welfare settings.

Emotions in the field

There are several ways in which residential ethnography makes the researcher vulnerable in ways in that other ethnographies do not. First, the residential placement gave minimal space for respite or escapism during my research in Hebron. The effort put into ‘earning’ trust and building rapport in the community meant I constantly felt ‘front-stage’, aware that others might be scrutinising my performance. Navigating, and/or conforming to, the expected values and practices of a closed group can be a significant source of emotional conflict for the residential ethnographer (Chong, 2008). To be welcomed and accepted in a sensitive, close-knit environment, researchers require a range of social interaction skills and a willingness to participate in all activities. In the case of Hebron, this involved fully immersing myself into the daily routine and ‘pulling my weight’ on the work teams, with their distinct macho-culture that jokingly tried to ‘make a man out of this pen-pusher [me]’ (José, resident 13/05/10). Alongside the emotional toll of identity management in the continued negotiation of research access, there was limited opportunity to offload or debrief with friends or family because access to my phone had been restricted to ‘remove any temptation from the lads’ (interview with Liam). Working the same hours as residents meant there was limited designated time for ‘formal’ interviews. Neither was there sufficient time to process research notes as the structured routine of

the community entailed only one hour of free time which I felt compelled to spend in the lounge with other residents.

Second, residential ethnography makes the researcher vulnerable to assimilation into the social and affective rhythms of the group because it entails a total, albeit time-limited, immersion into an institution. While there is a danger that assimilation into the religious culture might compromise the research, becoming too familiar with its rituals and performances as to lose critical edge; the gradual edging towards 'going native' is analytically interesting for that very reason as it provides an unparalleled insight into the micro-politics of lived religion in faith-based addiction services. When such experiences were shared in dialogue with participants in Hebron it helped foster critical reflection on the ways Hebron residents came to perceive, narrate and perform religious spaces, beliefs and practices.

Lastly, deconstructing one's own faith and that of others can be a deeply uncomfortable and vulnerable position; one that simultaneously brings emotional upheaval, disenchantment or disconnection, as well as spiritual depth and renewal. As friendships developed with Hebron residents, I felt increasingly torn about the purpose of my research, and indeed the ethics of challenging or undermining the efficacy of transformational narratives of conversion and deliverance so many residents passionately shared with me. While I remained critical of any consequentialist ethic that implies the 'ends justify the means', it did push me to write an account of these spaces that sought to portray the complex intersections between therapeutic, spiritual, emotional, and regulatory experiences. Even as I write this paper, I am conscious the research experience has instilled an analytical sensibility towards the curation and performativity of worship space that at times has resulted in estrangement from elements of faith practice previously I felt comfortable with. This underlines the importance of critical reflection on politics of representation, a topic to which I return below.

Mixed loyalties

Finally, residential ethnography raises serious questions about how researchers should engage in the ethically complex spaces of faith-based residential rehabilitation. The nature of my involvement in Hebron immersed me in a web of power-relationships between different groups of staff and residents, each of whom had specific expectations. The term mixed loyalties^{iv} is useful here to foreground the varied and ambivalent situations of ethical conflict, compromise and negotiation whereby the researcher's affinity or duty to a particular set of organisational rules, roles, and relationships is called into question. As discussed previously the term has specific credence in welfare settings where the researcher, in performing their role as a volunteer or staff member, is required to follow particular procedures that may contradict their own personal ethics; for example, the ethical dilemmas entailed in complying - or not - to 'referral only' policies in emergency accommodation for homeless people, or the 'no voucher no service' rule in many UK foodbanks (Williams, Cloke, May, & Goodwin, 2016). Attending to mixed loyalties in research encourages critical reflection on the unclear, uncomfortable, and potentially exclusionary situations whereby the positioning of the researcher in relation to other participants (staff, volunteers, service-users) involves the exercise (or passive observation) of varying degrees of social control, discipline and surveillance. Conceptualising mixed loyalties in Hebron, however, is not only confined to the quandary of organisational compliance. Rather, in religious settings a distinct set of mixed loyalties can arise if the researcher, who identifies as a person of faith, is assumed to be an 'insider' and expected to uphold the religious values and practices of the community.

The remaining section of this paper reflects on some of the significant ethical dilemmas that arose in the residential ethnography of Hebron. Particular attention is given to the ethically complex exercise of 'religious power' as a way of illustrating the need for greater analytical reflection on the practical and ethical dilemmas researchers experience working inside faith-based drug treatment settings, and religious environments more broadly. While this paper in no way seeks to provide a comprehensive

theorisation of religious power, some conceptual acknowledgement of religious power and its contextualisation within Hebron is necessary.

Negotiating religious power

Recent scholarship on religious power^v has increasingly drawn on Foucault's later writings to examine the intersection of religion, the body, and power (Carrette, 2000; 2013; Holloway & Valins, 2002; Garmany, 2010). Building on rich accounts of therapeutic and regulatory power in addiction treatment (Wilton & DeVerteuil 2006), the construction of subjectivity in harm reduction programmes (Fraser & Valentine 2008), and the ethical problematisation of the self in controlled drinking units (Evans, 2012); I wish to highlight two aspects of religious power that will help contextualise the emergent ethical dilemmas and power-dynamics in Hebron. The first refers to the religious problematisation of addiction and the disciplined body: namely, how organisational logics, architectures, and daily routines were shaped by a particular religious set of assumptions about the nature of, and solution to, 'addiction' (c.f. Wilton & DeVerteuil, 2006). Specifically, this refers to the belief in Hebron that the source of addictive behaviour was rooted in sinful desire and its trappings of shame and guilt. Religious conversion, understood as accepting Christ's unconditional love and gift of righteousness, was presented as a means to bring radical and long-lasting personal change that broke the bondage of addiction. This belief underpinned pastoral power in the community, premised on submission to religious instruction through mandatory participation in Bible study and worship; alongside the peer expertise of 'former addicts' and an explicit suspicion of self-help / medical / psychiatric interventions. Intimately bound up in this were embodied relations of religious power, manifest, for example, in the way in which privations were rationalised (including the denial of psychoactive medication, smoking, and the prohibition of 'non-Christian literature') and codes of etiquette and interaction (or 'participatory manners' in worship space) were oriented by religious instruction (A. Williams, 2016).

Second, while it is clearly important to emphasise the highly regimented and controlling characteristics of religious power in Hebron, it is equally important to acknowledge that Foucault's own writings on spirituality and religion, especially in his later works on sexuality, ethics and subjectivity (Foucault, 2001), moved beyond accounts of disciplinary, repressive or self-regulatory power, and provide instead tools to study the more 'productive' nature of religious power in relation to technologies of the self and ethical problematisation. In this way, a more dynamic conceptualisation of religious power emerges through analysing the nexus of governmental and ethical processes of self-formation, examining the ways in which religion delineates particular types of attitude, desire, and behaviour; but also how bodies use religious discourse and practice to mediate and resist power (see Jordon, 2014). Religious practices in Hebron therefore relied on and worked through residents' own ethical problematisation of the 'addicted self' (and a range of other mediatory 'truths'^{vi}), whereby individuals confronted the self as an ethical problem and sought to transform and modify themselves accordingly^{vii}. Such a perspective helps foreground the complex interplay between 'top-down' religious discourses and practices, and the lived negotiations of residents, their own cultural competencies, and strategies and tactics used to 'question, form, know, decipher and act on themselves' (c.f. Dean 1995, p. 563).

Significant questions remain as to how researchers should negotiate religious power, especially in faith-based treatment settings where the researcher might feel compelled to work within the discursive norms and codes of the organisation to maintain gatekeeper access. Through a series of vignettes drawn from the residential ethnography, I examine the distinct ethical dilemmas facing ethnographers working inside closed religious environments. Particular attention is given to situations of ethical ambivalence and conflict resulting from my own engagement with 'religious power' inside Hebron, including: the use of scripture; performance in worship services; adopting a position of confidant over matters of belief; and observing forms of bullying and the temporary denial of medical attention.

Mixed loyalties and religious power

Four weeks into my placement in Hebron I witnessed a new resident being 'teased' about his weight by two more established residents. Four of us were working on the garden team and were behind schedule relaying a lawn. Liam, the deputy leader of the community, was gradually getting more frustrated with Karl, a new resident who apparently 'wasn't pulling his weight' and regularly needed to sit down. Karl had had a conversion experience in a Pentecostal church several years ago and was anxiously asking whether he was 'still a Christian after relapsing'. Liam, without raising his voice, said firmly:

'Your brain is all gunked up with 'weed' [cannabis]... It will take a while for it to leave your system, maybe two months' (ethnographic fieldnotes 20/04/10)

This paternalist construction of the 'irrational addict' led to rather blunt forms of encouragement:

'It was your choice to go back on drugs – you turned your back on Jesus and all what he has done for you. Once you realise what God has done for you, deep down, you wouldn't want to go back to drink or drugs. Christ gives freedom' (Liam, ethnographic fieldnotes, 20/04/10).

Karl remained silent and on appearance did not seem uncomfortable with what Liam had said. I was initially shocked on observing this moment, frustrated that this view went supposedly unchallenged. I tried to interrupt the conversation by using a theological script I thought would be accepted in the community to question the way religion was being enrolled into such a stigmatising narrative:

'Well, it's complicated. We will all go through struggles, being a Christian doesn't make us immune from that... Even in the Bible, [Saint] Paul talks about getting stuck in a rut in "not doing the good he wants to do, but doing the things he doesn't want to do". I think we can all relate to that, whether it is drug addiction, lust, greed, pride, take your pick, we all mess up, one is not worse than the other. But God is like that father in the story of the Prodigal Son,

each night he waits for his son to return. He has not washed his hands with us when we sin but waiting to welcome us back.' (ethnographic fieldnotes, 20/04/10).

This extract illustrates the 'on-the-spot' ethical dilemmas researchers often face when working with 'vulnerable' adults in organisational spaces of care, and raises a specific set of questions for geographers of religion involved in 'close-up' research inside religious communities. To what extent, and in what ways should researchers utilise the religious language, practices and norms of the community when engaging individual participants? For instance, my choice to present an explicit Christian message depending on one's vantage point could be regarded as oppressive: not challenging head-on the overarching narrative of addiction as 'moral failure' and enculturating instead a particular religious relation of self to self, premised on guilt (sin) and need for release from a Big Other (salvation). The rationale for using a theological script (as opposed to more secular academic / practitioner language) was threefold. First, it was based on an understanding of Karl's own faith-position and the desire to be responsive in a way that was meaningful to him. Second, perhaps pragmatically, it stemmed from the perceived need to speak the 'right language' so as to not 'rock the boat', both in terms of the individual wellbeing of participants, and the need to retain sufficient rapport and trust with leaders. Lastly, as a practicing Christian, there was a greater personal stake in challenging what I saw as a politics of fear instilling feelings of personal failure that, in some cases, induce behaviour amenable to manipulation and control. My own personal faith journey in and out of various elements of charismatic and evangelical Christianity has over time given me a heightened sensitivity both to the dynamics of religious power (as someone practically involved in pastoral care with church members struggling with alcoholism and chronic mental health difficulties) and the dangers of guilt-inducing narratives that can pervade, sometimes inadvertently, forms of religious instruction. For this reason, I was critical of the *modus operandi* of Hebron and similar programmes premised on mandatory religious participation and geared towards reforming the habits and desires of an individual towards an 'idealised' Christian identity.

Yet while I disagreed with Hebron's ideology and practices, I found my position as a volunteer becoming increasingly pragmatic: prioritising ways in which I could aid personal wellbeing and motivation in residents' recovery. Despite my familiarity with academic criticisms of different medical, social and spiritual approaches to substance misuse and addiction, in the moment my own ethics of engagement were as much shaped by personal experience and situational encounters in the field as by these academic knowledges. Personal standpoints on 'addiction' and 'drug use' invariably change over time – and will continue to change in relation to a multiplicity of different events and one's relationship to these events. At the time of fieldwork, my assumptions on drug use had been largely overshadowed by a friend's untimely death to an ecstasy overdose, alongside a series of experiences volunteering in homeless shelters and daycentres: hearing first-hand accounts of street drug use and overdose; facing violent demands for money and threats of self-harm; and being called to administer emergency first aid to a service-user who had hit an artery 'shooting up' in the toilet and had passed out. There is no easy translation between trauma and the personal, professional, and political standpoints academics take on substance use. For me, these experiences have led to a broadly defined recovery-focused approach^{viii} in my academic and voluntary work, holding rather pragmatic views on abstinence and harm reduction debates yet remaining critical of the criminalisation of drug use^{ix}. In turn, I have tried to embody a non-judgemental and emotionally responsive stance that works with the beliefs and resources of the individual.

Engaging with residents who were keen to share their stories of recovery and religious conversion put me in an uncomfortable position as to whether or not I should challenge what I saw as a highly stigmatised construction of 'the addict' alongside overt criticisms of alternative ("secular") approaches such as harm reduction. Early on in the placement I was keen to earn trust and not explicitly disrupt the dominant moral and religious discourses in the community, in case it was detrimental to an individual's recovery. I was also hesitant not to be perceived as bringing my own middle-class respectabilities or 'elite' education to a therapeutic community where staff and residents all had personal experience of chronic substance misuse. Over time I became more comfortable raising

questions about the limits of Hebron's theological construction of addiction (with its emphasis on conversion and detachment from the world), and the ways Biblical text was sometimes invoked to shut down debate. Engaging religious power, particularly via the use of scripture in everyday conversations produced at times an uncomfortable dynamic with leaders and more established residents which, in some cases, was perceived as a threat to their interpretation of scripture, and by inference, their 'recovery' authority.

In specific situations where residents approached me to discuss personal and theological issues, I first sought to discern and engage residents' individual frameworks of belief, identity, and spirituality. I did not have a blanket rule about not 'doing God', but I deliberately avoided religious language when speaking to new residents and/or those who identified as non-religious. More generally, I was wary of the unseen implications surrounding my use of religious language. For some residents it potentially ran the risk of further legitimising a discursive environment in which 'faith' is held up as a panacea for addiction and complex social and psychological conditions (see Williams, 2013). Perception of the ways I talked about Christianity in conversations, combined with the affective manner in which I performed (or not) religious practices such as prayer and worship opened up – and closed down – different sets of relationships with groups of residents: some regarding my participation in worship services as a sign of congruity, trust and safety ("one of us"), while others seeing my involvement as a form of estrangement ("one of them"), even perpetuating a sense of isolation. Yet throughout the placement I was explicit in distancing my own faith identity from that of Hebron's, and in one-to-one and group conversations made sure I was open about my reservations about aspects of Hebron in hope that this might empower some residents to voice their views also.

'Taking Sides'?

Over the course of the placement I became particularly close to several residents who at times used me to emotionally offload and question the validity of leadership decisions. Karl was missing his young

family back in the Midlands and came to me saying he was 'feeling fine and ready to go back'. He had already packed his bags ready to leave. Faced with his uncomfortable dilemma I suggested he best think it through and speak to others in the community. He was talked out of leaving by Liam. During the worship session the next morning, Liam announced:

'Leaving after a few months is a waste of time. You may think you're fine and free from addiction but you've still got loads of stuff you need to deal with. If you want to change you must be willing for real discipline and structure... Don't treat the eighteen months as a jail sentence. If you think about it in the same way you will leave here unchanged. It will work if you work it, being successful here is showing and taking responsibility: "stepping up to the plate"' (ethnographic fieldnotes, 04/05/10)

On the way to a garden job later that day, Liam explained 'during the first few months you've got to push the new guys coming off addiction, otherwise they will fall when their bodies get ill; they won't change'. The somewhat uncomfortable positioning of confidant with some of the residents put me in a difficult ethical position: what do you do when someone expresses desire to leave the community? It is in these moments researchers are perceived to 'take sides' with the community or the individual. By not "getting involved" initially and regarding Karl's wish to leave as 'just a low point', I ensured I did not step out of line with others in the community. In the days that followed I tried to explore some of the deeper reasons why he wanted to leave but at the time he did not want to talk about it. Instead, Karl seemed to have developed a renewed faith and on at least one occasion started preaching to other residents such as Paul: 'if you have faith you cannot be addicted because Christ lives in you'. 'But' Paul replied 'but do you have to already have faith to have faith?' 'That's the devil attacking me' Karl stated, pointing at Paul: '[it's the Devil] using people to confuse me. You don't understand because you're an atheist'. Paul hit back in frustration: 'you've just got a simplistic narrow view of life; anything outside your belief system you see as wrong. If I don't adhere to the way you believe then I am called an atheist. I am not an atheist!' This example demonstrates that the dilemma of 'taking sides' was not

limited to a staff-resident dynamic, and raises questions as to how researchers should position themselves in situations of religious disagreement between residents themselves; and whether or not, and to what ends, should the researcher challenge the unwritten and hidden assumptions in closed communities.

The challenge of 'taking-sides' among different groups of residents and staff became most public when Karl requested to see a nurse. At first Liam refused, stating unless it was urgent Karl would have to show his commitment to Hebron by staying three months: 'Otherwise we have people coming here, get treatment, which is very expensive, and then leave'. Karl had been at Hebron two weeks and explained to the group he had occasional minor bleeding from his rectum and was in pain when he moved about. Following a more sympathetic decision later that afternoon from Matt, the senior leader, Karl received medical care within two days, demonstrating both the discretionary power held by leaders, even to the extent of withholding medical treatment.

In Karl's case, other residents had conveyed concern and understanding of his situation. However, this was not always the case. A more established resident, Graham, in his fifties had a reputation among the group for 'crying wolf'. He had sores over his feet and after obtaining medical attention had to go to the nurse once a week to get a bandage dressed. Despite his doctor advising him of the need for rest and not to put any pressure on it, this request was not taken into account by other residents who suggested 'he's faking it just to get off hard work' (ethnographic fieldnotes, 15/05/10). On inspection Graham appeared to be doing more damage to his foot. It was a week before the doctor's advice was finally taken into account. Graham conveyed his sense of disempowerment and frustration in front of a small group of residents:

'That's just the way it is... maybe I can go to another rehab, give it eight weeks rest and it will heal... But they [Matt and Liam] "know best..." (ethnographic fieldnotes, 15/05/10)

In Graham's case, I was caught up not simply in a staff-resident hierarchy, but in a more complicated set of personal relationships between different groups of residents. I tried to avoid 'taking sides'

initially but as the evening went on I pressed some of the residents to believe Graham's case. However, it is equally as important, if not more so, to address instances where I chose not to 'speak out' and in doing so implicated myself in tacit tolerance for disciplinary practices. Halfway through my placement Alex, a new resident of four weeks, was caught smoking a cigarette he had picked from the pavement; he decided to leave after he was put on dishes for a month as punishment. Nikolay, a 26-year-old resident had been in the community four months and was put on dishes for two months for shaving his head without permission. 'It makes you look like a thug and we can't have that if you are on pick-up and delivery [of furniture]' Liam stated. In these situations, my role of a guest/volunteer meant it was "not my place" to challenge such decisions. On another occasion, Paul, a Hebron resident of three months expressed the desire to leave the community when we were out of earshot of other residents:

'Fuck this, I just want out, I am fed up with people telling me what to do, the shit unquestionable authoritarian structure, I miss having freedom, I miss my kids...'

Paul was in his mid-fifties and had previously been a physics teacher in a boys' grammar school, turning to alcohol to deal with stress of performance indicators. This was the first time he had shared in such strong way his frustration with Hebron. During previous conversations I had already distanced myself from Hebron theology and we had bonded over a mutual dry sense of humour. Knowing that we could be interrupted whilst talking and vacuuming the dormitories, I tried to voice some of my concerns about Hebron whilst at the same time attempting to give some assurance that 'things will get better' - knowing that encouraging him to leave would likely have led to my swift departure also. It was also in part a sign of my own immersion in Hebron's recovery language that considered the mind-body-spirit as 'vulnerable' to relapse. While the residential nature of the fieldwork allowed deeper follow-up conversations about Paul's experiences, the immediate impulse to reassure, comfort, or care rather than ask critical questions, might have been read by Paul as not being concerned about or validating his experience - giving the impression I was either not actually listening, or worse, choosing siding with the leadership and encouraging him to simply stay with 'the programme'. Analysis of these ethically

important moments (Guillemin & Gillam, 2004) illuminates both the blind-spots inherent in the ethnographers' gaze and the ways these can shape discernment of, and choice of action within, ethical entanglements; as well as highlight the possible constraints researchers face trying to instigate change in hierarchical power structures.

Vulnerability, proselytization, and the politics of representation

The above vignettes have sought to give an honest, albeit vulnerable account, of the practical and ethical dilemmas and compromises I faced working in a faith-based residential rehabilitation setting. Working as a person of faith inside a Christian therapeutic community raises significant questions as to how my own faith-based positionality came to shape my view of 'vulnerability' of Hebron residents and the politics of representing the personal stories and organisational practices of Hebron. My preliminary interpretative framework prior to entering Hebron had been informed in part by a critical curiosity towards the triumphalist accounts of miraculous healing and deliverance from addiction found within evangelical Christianity (see, for example, Pullinger, 1980; Wilkerson, 1963) alongside contrasting accounts of indoctrination, abuse, and control in prominent Christian rehabs in the USA and elsewhere (see Pollard, 2008). Holding these narratives in tension pushed me to examine the 'agency' of lived religious subjectivities practiced and experienced by (some) residents, and contextualise this within the complex therapeutic, regulatory and emotional geographies that coproduce life in Hebron. 'Vulnerability' in Hebron can be conceived on several registers: (i) the lack of privacy and separation from families and loved ones; (ii) limited contact with qualified medical and psychiatric care could exacerbate, rather than alleviate, mental health symptoms; (iii) concerns about non-medicated detoxification and withdrawal (especially for alcohol), which in some cases, can induce psychosis and hallucinations; (iv) the elevation of 'faith in Christ' as a positive replacement for 'addiction', combined with restrictive autonomy, can be viewed to exacerbate forms of co-dependency whereby residents become institutionalised into a religious lifestyle and trapped within

and dependent on the regimented structures of community; (v) Hebron's prohibition of any opiate-based or psychoactive medication (including anti-depressants) might mean some mental health issues may go untreated, or remain undiagnosed or misunderstood by others; (vi) cases of bullying and emotional coercion experienced by residents; (viii) lack of aftercare facilities on leaving a regimented environment; and (vii) unwanted / unethical forms of proselytization that exploit the power imbalance between service-provider and user.

Here there are critical questions about 'volitional agency' with regard to the intersection of social attachment, trauma, and the overtly regimented exhortation to a particular religious belief and discipleship (Williams, 2013). While several faith-based drug and alcohol programmes in the UK have, according to a recent Demos report, made a 'shift from proselytising and making services contingent on compulsory attendance of religious services' (Birdwell, 2013, p. 36), Hebron eschews public funding to maintain a distinct evangelical *modus operandi*: offering a Christian discipleship programme that is voluntary in nature and claims to be explicit in explaining to prospective residents (and their families) the religious expectations and semi-monastic structure of the community. Despite several residents consciously choosing Hebron because of its faith-based character; for others, who were encouraged by family, recruited in homeless shelters, on the street, or through informal referral routes with probation officers, there are important questions about 'informed consent'. Such recruitment strategies into a Christian discipleship programme might be read by a sceptic as simply a mechanism that preys on vulnerable people who might be desperate to change, and ready, if at times hesitant, to accept a promise of salvation, sobriety and a new life. Certainly, the notion of 'freedom' underpinning the optional nature of Hebron ('free entry and exit') needs to be deconstructed given notions of 'choice' are inherently caught up in complex social attachments within and beyond the Hebron community, and that in some cases, residents lacked viable alternatives if they left Hebron.

While I remain troubled by theological, cultural and social characteristics of this particular model of semi-monastic therapeutic community, it is important not to treat its residents as simply passive

recipients or religious dupes of a structured regime. Nor should we typecast Hebron staff as mere disciplinarians and ignore their sincere commitment to spend much of their lives living *with* and caring *for* a marginal and highly stigmatised population, and in doing so, taking vows of material poverty, shared finance, and chastity (for non-married members)^x. As I have argued elsewhere (A. Williams, 2016) interpretations of such environments that only address technologies of control overlook the other logics and processes (compassion, friendship, spiritual, therapeutic) that coexist in these spaces, and understate the ways staff and residents are ‘fully fleshed’ subjects in their own right, who bring their own strategies and tactics to engage (or not) in religious therapeutic spaces. Proselytization in Hebron therefore occupies a deeply ambiguous and ethically contested space, one that requires grounded analysis of the variants of physical, psychological or social coercion *alongside* the ethical agency and capabilities of individual residents, many of whom brought strong existing religious and spiritual beliefs to Hebron. Indeed, Hebron residents who believed in the therapeutic and transformative potentialities of Christian therapeutic community did not see themselves as ‘vulnerable’ to indoctrination and contested such a labelling when the issue was broached. Vulnerability instead was framed in relation to the need to ‘protect’ their own recovery and that of others from the risk of relapse. For others, however, there was an explicit criticism of Hebron’s strict regime and the effectiveness of a faith-based approach to addiction treatment. Any assessment of these ethically complex spaces must therefore take seriously the lived subjectivities of residents and the ways in which individuals experience, perform, and contest the variegated emotional, regulatory, and spiritual geographies that co-constitute social life in faith-based residential rehabilitation environments.

Conclusion

My purpose in this paper has been to highlight the hidden struggles researchers can experience conducting residential ethnographies in faith-based addiction treatment and rehabilitation settings.

Via the illustration of Hebron, this paper has developed a series of insights into the ways that geographers might approach residential ethnography in drug treatment and other care settings. The merit of residential ethnography is threefold. First, as a methodological approach it provides rare access into the sometimes concealed realities of residential care institutions, and in doing so, a more variegated understanding of the different spatialities and temporalities that make up organisational spaces of care. Second, residential ethnography can offer a pathway for ethical and participatory research in closed settings – one that potentially gives space for residents to ‘speak out’ about latent concerns as well as ‘speak back’ to the researcher in ways that help refine research objectives and provisional interpretations. Although not fully advanced in this paper, this process also includes giving space to hear the ethical deliberations of leaders who might be dismissively portrayed as ‘discipliners’ to residents; and instead open discussion of their own ‘mixed loyalties’ (negotiating the personal vs procedural) and the entangled organisational, therapeutic, religious and emotional commitments at work in decision-making. Third, residential ethnography as a volunteer denotes a ‘participatory research practice that enables the researcher to actively contribute to constituting and reproducing an organisation. The research becomes a way to “excavate, experiment, evaluate [and] amplify alternative trajectories (Iveson 2010, p. 439) through participation’ (cited in Williams, M. 2016, p. 2). Residential participation can facilitate important opportunities for influencing change in organisational practices, as well as bring to light the ‘darker’ aspects of care/welfare spaces. However, residential ethnography is not without significant challenges, including, negotiating access and consent; identity management and emotional involvement; alongside the deeply ambiguous, uncomfortable, and exclusionary relations of power residential ethnographers can become enrolled in by nature of their participation. Specifically, this paper has focused on the everyday negotiation of ‘mixed loyalties’ in relation to religious power as means of highlighting the ambiguous and conflictual decisions ethnographers face working in closed religious environments, but also welfare organisational settings more generally. Through this, I hope reflection on these real-life research entanglements will have broader pedagogic value and give greater space for other researchers to

acknowledge the hidden struggles and power-dynamics that emerge in a range of different religious, welfare, and addiction treatment research arenas.

In all, this paper raises a series of questions that have wider implications for geographic research in the areas of religion, welfare, and addiction treatment. First, for geographers working in the field of substance use and addiction treatment, this paper calls for a more explicit reflexivity on the moral and ideological assumptions researchers make about the nature of 'addiction' and 'treatment', and how these shape the discernment of, and the process of engaging within, a range of ethical dilemmas that arise in the field. Researchers will occupy a range of different standpoints on abstinence / harm reduction debates; medical, social and spiritual models of 'addiction'; criminalisation / legalisation; regulation / deregulation, and it is important to acknowledge the complex and shifting intersections some scholars take across these vectors of debate. In what ways, and why, do political commitments and moral standpoints shape (i) the types of organisations, spaces and participants studied; (ii) the assumptions made about the 'vulnerability' of individuals; and (iii) how do these views come to shape an ethics of engagement in the field? These standpoints will have an enormous bearing on the interpretation of drug and alcohol treatment settings, what we prioritise in our writings, and the manner in which we negotiate and perform ethically complex moments that arise with participants in the field.

Second, the paper questions the extent to which geographers of religion actively reflect on the dilemmas of 'religious power' and its implications in generating ethically ambiguous sets of power-dynamics in research. Careful reflection is needed as to how researchers negotiate questions of intimacy and collusion when working close range in therapeutic and/or religious environments; especially when the researcher / volunteer occupies a position of friendship, responsibility or therapeutic authority. If the hidden stories of religious ethnography are left untold, then geographical scholarship on faith-based reflexivity risks remaining stuck in well-worn debates about the merits of 'insider' and 'outsider' researchers, rather than examining the analytically more interesting practical

ethics and struggles ethnographers of religion embody and perform in the field. While this paper has largely focused on the ethical dilemmas of religious power in faith-based residential rehabilitation settings; the discussion here is relevant for thinking about the hidden struggles ethnographers face working in other arenas of substance use, harm reduction, and addiction treatment, and encourages critical reflection on the practical ways researchers engage or negotiate the goals, languages, and practices of dominant treatment philosophies and regimes, especially those which the researcher might find problematic or distasteful.

Lastly, and related, to what extent and how do researchers reflect upon and evaluate 'mixed loyalties' in research? Mixed loyalties are situational and in a large part shaped by the positionality and reflexivity of the researcher and the nature of their involvement in the field. While it is important to reflect on the mechanisms by which the more negative experience of personal conflict and ethical compromise are negotiated and actively managed, it is vitally important to maintain a more productive reading of 'mixed loyalties' in research. As an ethical practice that a researcher purposively adopts in research, being reflexive of 'mixed loyalties' in the field can open up more experimental lines of engagement that expose and cut against the dominant political and moral logics in different settings, and through grounded participation offer routes to generate reflexive dialogue among participants when working from positions of more-or-less explicit opposition (Thiem & Robertson, 2010). It is in exploring and actively working the ambivalent spaces of mixed loyalties, as opposed to simply bypassing or seeking to resolve these tensions that helps illuminate the hidden and unwritten codes, exclusions and power-dynamics in mundane spaces of care.

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ⁱ Ethnographic and participatory work with street drug cultures present a series of additional ethical, methodological and practical challenges. Many of these issues have been addressed in Sandberg and Copes' (2013) excellent account of the 'hidden ethnographies' of street drug cultures, including ethical and practical dilemmas ethnographers must negotiate in the field, with regard to, for example, drug participation, 'taking

sides', informed consent, confidentiality, payment, and ensuring physical safety and legal security in the field for both participants and researchers.

ⁱⁱ Individuals with higher support needs were encouraged to seek medical detoxification or psychiatric support prior to arrival.

ⁱⁱⁱ It is common in evangelical Christian drug rehabilitation programmes for leaders and staff members to be former 'graduates' of the programme in order to enable peer-led recovery.

^{iv} In cases where the researcher is not a permanent member of staff or volunteer of an organisation the idea of mixed loyalties might be better expressed as 'mixed responsibilities' to denote the temporal nature of the relationship. However, in organisational welfare settings, particular those which have become professionalised and embed a set code of conduct for volunteers to follow, the term mixed loyalties is appropriate in addressing the conflictual ethical decisions ethnographers must make performing their role as a volunteer. As noted above, 'mixed loyalties' is applicable to researcher subjectivity also so as to highlight the more durable and less fleeting ethical tensions that arise as part of the researcher-participant-field dynamic.

^v The notion of religious power more widely relates to the broad set of engagements with Foucault's examination of religion and its variants of discipline, confessional and pastoral power. These intersections are developed in considerably more depth than can be achieved here (see, Carrette, 2000; 2013; Garmany, 2010).

^{vi} For a discussion on masculinity and faith-based recovery spaces, see Hansen (2012).

^{vii} In this way, practices of worship can be partly understood as a technology of the self that entails an acknowledgement of the relation of self to a Big Other 'which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality' (Foucault 1988, p. 18).

^{viii} For a critical account on the discourse of 'recovery' and its co-constitution via moral, religious, psychological, criminal and medical registers, see White (2008).

^{ix} These practical experiences also led to a wider belief that the criminalisation of drug use is short-sighted as it is counterproductive (Corva 2008), often pushing people with complex psychological and medical problems further away from accessing the right support services, and perpetuates the abject figure of 'the addict' that gives legitimacy for the further retrenchment and moralisation of existing welfare support.

^x Academic criticism of the workings of religious power within ambivalent dynamics of care/control is a necessary but not entirely sufficient account of the complex ethical space of Hebron's therapeutic community. While my focus here has been the ethnographic challenges entailed in navigating the values and organisational practices of Hebron, faith-based therapeutic communities invite supplementary readings that better bring to the fore the affective and ethical geographies that evade easy categorisation under conventional grammars of analysis (May and Cloke 2014). This includes the therapeutic and transformative potentialities among both staff and residents, the performativity of religious experience, and the sincere commitment of individuals to spend much of their lives living *with* and caring *for* marginal and highly stigmatised populations, and in doing so, take vows to dwell in semi-monastic community that seems counter-cultural to the pervasive values in society: for example, a vow of material poverty, shared finance, and chastity for non-married members. For some staff and residents, this might be understood in terms of 'protecting' their own recovery and that of others; but nevertheless this provides an important counterweight to any simple portrayal of Hebron and its organisational practices as a 'total institution' in Goffman's terms.